PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)				Docket Number 484112.423	
FY 2005					
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)				E1 1 E 1	
Application Number 10/078,531				Filed February 21, 2002	
For STREPTOCOCCUS PYOGENES POLYPEPTIDES AND CORRESPONDING DNA FRAGMENTS					
Art Unit 1645			Examiner Patricia Ann Duffy, Ph.D.		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a					
reply in the above identified application.					
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):					
		Fee	Small E	ntity Fee	
	One month (37 CFR 1.17(a)(1))	\$120	\$6	\$	
	Two months (37 CFR 1.17(a)(2))	\$450	\$2	25 \$	
	Three months (37 CFR 1.17(a)(3))	\$1020	\$5	10 \$ <u>1020</u>	
	Four months (37 CFR 1.17(a)(4))	\$1590	\$7	95 \$	
	Five months (37 CFR 1.17(a)(5))	\$2160	\$10	080 \$	
П	Applicant claims small entity status. See 37 CFR 1.27.				
ŏ	A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge the above fees, or credit any overpayment,				
V					
Δ	to Deposit Account Number 19-1090.				
WARNING: Information on this form may become public. Credit card information should not be					
included on this form. Provide credit card information and authorization on PTO-2038.					
I am the applicant/inventor.					
assignee of record of the entire interest. See 37 CFR 3.71					
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).					
X attorney or agent of record. Registration No. 48,903					
attorney or agent under 37 CFR 1.34.					
Registration number if acting under 37 CFR 1.34					
	/Mae Joanne Rosok/			September 10, 2007	
	Signature			Date	
	Mae Joanne Rosok		2	06-622-4900	
	Typed or printed name Telephone Number				
NOTE: Signatures of all the inventors or assigneds of record of the entire interest or their representative(s) are required					

NOTE: Signatures of all the inventors or assignees of record of Submit multiple forms if more than one signature is required. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.